



CNA Plaza,
Chicago, IL 60685

Healthcare Providers Service
Organization Purchasing Group

Certificate of Insurance

OCCURRENCE POLICY FORM



Healthcare Providers Service Organization

Product	Branch	City	Policy Number	Policy Period
918096	979	FFS	270259531-8	from: 12:01 AM Standard Time on: 07/04/05 to: 12:01 AM Standard Time on: 07/04/06
Named Insured and Address				Program Administrator
SANDRA M GRAFF 2345 E THOMAS RD STE 295 PHEONIX AZ 85016-7864 Medical Specialty Psychologist/Psychotherapist				Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040-1218
Code 72990				Insurance Provided by American Casualty Co. of Reading, PA CNA Plaza 26S Chicago, IL 60685
COVERAGE TABLES				LIMITS OF LIABILITY

A. PROFESSIONAL LIABILITY

Professional Liability	\$1,000,000.00	each claim	\$6,000,000.00	aggregate
Good Samaritan Liability	Included above			
Personal Injury Liability	Included above			
Malplacement Liability	Included above			

B. Coverage Exclusions

License Protection	\$10,000.00 per proceeding	\$25,000.00	aggregate
Defendant Expense Benefit		\$10,000.00	aggregate
Deposition Representation	\$2,500.00 per deposition	\$5,000.00	aggregate
Assault	\$10,000.00 per incident	\$25,000.00	aggregate
Medical Payments	\$2,000.00 per person	\$100,000.00	aggregate
First Aid		\$2,500.00	aggregate
Damage to Property of Others	\$500.00 per incident	\$10,000.00	aggregate

C. WORKPLACE LIABILITY

Coverage part C. does not apply if Coverage part D. is made part of this policy.

Workplace Liability	Included in A. Professional Liability Limit shown above		
Fire and Water Legal Liability	Included above subject to	\$150,000	sub-limit
Personal Liability		\$1,000,000.00	aggregate

D. GENERAL LIABILITY

Coverage part D. does not apply if Coverage part C. is made part of this policy.

Workplace Liability	None	None
Hired Auto & Non Owned Auto	None	
Fire & Water Legal Liability	None	None
Personal Liability		None

Total Premium \$1,280.00

Policy terms and endorsements are attached as information

QUESTIONS? CALL: 1-800-982-9491

G-121500C G-121501C G-121503C G-145184-A G-147292-A G-144872-A G-123846C-02
G-123859C-02

Healthcare Providers Service Organization is a division of Affinity Insurance Services, Inc. in NY and NH, AIS Affinity Insurance Agency, in MN and OK, AIS Affinity Insurance Agency, Inc.; and in CA, AIS Affinity Insurance Agency, Inc. dba Aon Direct Insurance Administrators License #0795465.

Master Policy: 188711433

John L. Hen
Chairman of the Board

John M. Zeller
Secretary

Keep this document in a safe place. This and your cancelled check act as proof of coverage.

Additional Insured – Person or Entity

In consideration of the premium paid, and subject to the Professional Liability limit of liability shown on the **certificate of insurance**, it is agreed that the **PROFESSIONAL LIABILITY COVERAGE PART** is amended as follows:

The person or entity named below (the "additional insured") is an insured under this Coverage Part but only as respects its liability for **your medical incidents** and solely to the extent that:

1. a **professional liability claim** is made against **you** and the additional insured; and
2. in any ensuing litigation arising out of such **claim**, **you** and the additional insured remain as co-defendants.

In no event is there any coverage provided under this policy for a **medical incident** that is the direct liability of the additional insured.

Additional Insured: **State of Arizona**
 1789 West Jefferson
 Phoenix, AZ 85016

This endorsement is a part of **your** policy and takes effect on the effective date of **your** policy, unless another effective date is shown below. All other provisions of the policy remain unchanged.

Must Be Completed		Complete Only When This Endorsement Is Not Prepared with the Policy Or Is Not to be Effective with the Policy	
ENDT. NO.	POLICY	ISSUED TO	Effective Date
1	270259531	Sandra m Graff	1/26/04
BG 01/27/04			